

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS JUN 3 1960**

**-60-018659**

STATE FILE NUMBER

12

Registration District No. 58 Primary Registration District No. 4088 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ellsinore</u>		Length of stay in 1b <u>15 years</u>	c. CITY OR TOWN <u>Ellsinore</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Our Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Wiley</u> Middle <u>Franklin</u> Last <u>Wallace</u>			4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>1960</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-28-66</u>	9. AGE (last birthday) <u>93</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Dixon Ky.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James W. Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jones</u>		13c. NAME OF HUSBAND OR WIFE <u>Mary Jane Wallace</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>William M. Wallace, Ellsinore, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u>			
DUE TO (b) <u>Arterio-sclerotic Heart Disease</u>			
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3:30</u> a.m. <u>3:30</u> p.m.	Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>6 Mar 60</u> to <u>13 May 60</u> and last saw <sup>her</sup> him alive on <u>14 April 60</u> . Death occurred at <u>3:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>W. A. Bunker</u> (Degree or title)	22b. ADDRESS <u>321 Oak Park Hill Dr</u>	22c. DATE SIGNED <u>15 May 60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-16-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill</u>
23d. LOCATION (City, town, or county) <u>Wayne Co. Mo.</u>		

24. FUNERAL DIRECTOR <u>Seaton Bewitt Van Buren</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>May 27-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.